PTO(SB05 (UB-U3)

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U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless 8 displays a ward OMB control manufact.

PATENT APPLICATION FEE DETERMINATION RECOR								ORD Application of Godel Number				
Substitute for Form PTC-873												
	(LAIMS AS FILED - PA		ART I (Cotumn 2)		_	SMALL ENTITY		COR	OTHER THAN SMALL ENTITY		
	FOR	NAMEER	NUMBER FLED		NAJMBER EXTRA		RATE	ÆE		RATE	FEE .	
BASIC	FGE 2 1.16(a))					L		<u></u>	CR			
TOTAL	CLAIMS 1.1940		minus ZD = .			L	··		CR.	× •		
UOD	EIDENT CLAMS		ninus 3 -	•			· ••		CR	x 5		
MULTIPLE DEPONDENT CLAIM PRESENT (37 CFR 1.18(4))						l	<u>,,</u>		OR	+3		
" if the difference in column 1 is less than zoro, enter "O" in column 2.							TOTAL		CR	TOTAL		
CLAIMS AS AMENDED - PART II												
6/17/05 (Column 1) (Column 2) (Column 3)							SMALL E	entity _	OR	OTHER SMALL		
4	1,13	CLAIMS REMARKING AFTER	Τ,	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	rate	ADOI- TIONAL FEE	
ENDMENT	· Total	AMENDMENT	Minus '	PADFOR	•		x \$*		CR	X8=		
힑	CO CFG 1.18(CB) Independent (CB CFB 1.18(CB)	27	Minus '	-26	•		x 8=		OR	x3		
ıæL	FREST PRESENTATION OF MEATURE DEPOSIDENT CLAMM (37 CFR L19(3)						+: -		OR	+1		
PROST PRESENTALLING WAS TO BE SHOULD						'	TOTAL ADD'L FEE] ae	TOTAL ADD'L FEE	II	
8-11-0 (Column 2) (Column 3)							ACOLFEE	·	3			
)-11-0	(Cotumn 1)		(Column 7)	(Cotum 3)	1			7		ADD	
9	1	CLAINS REMADING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	TIONAL FEE	
S.	Total	AMENDMENT	Minus	PASD FOR	 	1			or or	2.5		
AMENDMENT	CSF CSFR 1.146/CD Englependent	3)	Minus			i	-	 	or or	11		
	OCCUS CARDON	21				┨	×3		7			
1	PRIST PRESENT	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLASM (137 CFR 1,15(III))					TOTAL	 	- ° ↑	TOTAL	 	
							ADD'L FEE		_J on	ADDL FEE	L	
1	•	(Column 1)		(Column 2)	(Calumn 3)	_			_			
T C		CLAINS REMARING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL . FEE	
I A	Total car orn 1.1800	· 48	Minus	-39	.0	1	x 8	0] ca	x 8•		
ENDMENT	tridependent gp cFA 1,110g	. 20	Mirats	-28	6]	x 3•	10	OR.		-	
M							+8		_ on		4	
-	/					_	TOTAL ADDIL FEE	10] ca	ADOL FEE		
the entry in column 1 is tous then the entry in column 2, write "O' in column 3.												
With Michel Michel Previous Past Part III and I												
"If the "Highest Number Previously Patid For" (I dail or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Patid For" (I dail or independent) is the highest number found in the appropriate box in column 1.												

The "Highest Number Previously Paid For" (Total or independent) is the Ingress number number number on the appropriate oox in content 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the This collection of Information is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to table 12 mirrules to complete. USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to table 12 mirrules to complete. Including gathering, preparing, and submitting the completand application form to the USPTO. Time will vary depending upon the individual case, Any confident including gathering, preparing, and submitting the complete of particular form and/or suggestions for reducing this burden, should be easy to the Crief information Officer, U.S. Patient on the amount of the you require to complete this form and/or suggestions for reducing this burden, should be easy to the Crief information Officer, U.S. Patient on the amount of the your require to complete this form and/or suggestions for reducing this burden, should be easy to the Crief information Officer, U.S. Patient on the amount of the your require to complete.

ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and salect option 2.